

**APPLICATION BY A BANK TO ENGAGE IN THE TRUST BUSINESS
PURSUANT TO TITLE 6.1, CHAPTER 2, ARTICLE 3 OF THE CODE OF VIRGINIA**

Pursuant to the provisions of the Virginia Banking Act,

(Name of Applicant)

[Mailing Address (City, State, Zip Code)]

hereby applies to the State Corporation Commission for permission to engage in the trust business.

The following documents must be submitted with the application. Additional information and documents must be filed on **8½" x 11"** paper:

1. A check for \$2,000 payable to the Treasurer of Virginia.
2. A copy of the applicant's articles of incorporation stating that one of its purposes is to engage in the trust business.
3. A list of the personnel who will direct the proposed trust department, detailing their qualifications for the positions they will assume and the amount of time each will devote to the affairs of the trust department.
4. A statement of the facts which demonstrates that the granting of trust powers to the bank will be in the public interest.

The Bureau will review the application and accompanying materials for completeness upon receipt. Investigation of the application may be delayed if the application is incomplete. Thus, full and complete answers should be given at the outset of the application process.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment any documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at **www.scc.virginia.gov/division/banking**.

Inquiries concerning the preparation and filing of this application should be directed to the Bureau of Financial Institutions, State Corporation Commission, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX: (804) 371-9416.

CERTIFICATION

The undersigned certifies that he/she has been duly authorized to file this application and that to the best of his/her knowledge, information and belief, the facts as stated in this application and all accompanying materials are true.

Name (Type or Print)

Signature

Date

Title

Telephone Number/E-mail Address